

Case Number:	CM14-0185786		
Date Assigned:	11/14/2014	Date of Injury:	07/17/2009
Decision Date:	12/31/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 2, 2014, the claims administrator failed to approve a request for motorized cold therapy unit. The applicant's attorney subsequently appealed. In a progress note dated December 13, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain status post earlier knee surgery. Derivative complaints of psychological and anxiety were noted. Tramadol and Naprosyn were also endorsed while the applicant was kept off of work. On November 11, 2014, the applicant reported ongoing complaints of knee pain status post earlier knee surgery. Dietary supplements/medical foods, knee MRI imaging, and X-rays of the knee were endorsed, along with a 20-pound lifting limitation. The note was difficult to follow. In a handwritten note dated October 15, 2014, the applicant again reported ongoing complaints of knee pain. The applicant was having difficulty performing kneeling and squatting activities. The applicant was asked to continue current medications. Urine drug testing was endorsed. The motorized cold therapy unit was sought along with topical compounds, an interferential unit, Naprosyn, and Protonix via a Doctor's First Report dated August 26, 2014. Work restrictions were likewise endorsed on this occasion. It was stated that the applicant's primary pain generator was bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Motorized cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Cryotherapy section

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-3 does acknowledge that at-home local applications of heat and cold are recommended as methods of symptom control for knee complaints, as are present here, by implication, ACOEM does not support high-tech devices such as the motorized cold therapy unit at issue for the purpose of delivering cryotherapy. The Third Edition ACOEM Guidelines, furthermore, explicitly note that usage of high-tech devices such as the motorized cold therapy unit at issue for the purpose of delivering cryotherapy are "not recommended." In this case, the attending provider's handwritten DFR does not contain any compelling applicant-specific rationale, narrative commentary, medical evidence which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.